

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93433

FILED
Apr 23, 2004
Secretary of State

Entity Name: ROBIN CRAWFORD GRAPHICS ,INC.

Current Principal Place of Business:

C/O ROBIN CRAWFORD
3057 "E" ROAD
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

C/O ROBIN CRAWFORD
3057 "E" ROAD
LOXAHATCHEE, FL 33470 US

FEI Number: 65-0209548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, ROBIN
3057 "E" ROAD
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

C/O ROBIN CRAWFORD
3057
LOXAHATCHEE, FL 33470 US

New Mailing Address:

C/O ROBIN CRAWFORD
3057
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

CRAWFORD, ROBIN
3057
LOXAHATCHEE, FL 33470 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRAWFORD, ROBIN,
Address: 3057
City-St-Zip: LOXAHATCHEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN CRAWFORD

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04/23/2004

Electronic Signature of Signing Officer or Director

Date